

<b>Meeting title:</b>	Trust Board (Public)	<b>Public Trust Board paper M</b>
<b>Date of the meeting:</b>	12 January 2023	
<b>Title:</b>	COVID-19 Public Inquiry Update	
<b>Report presented by:</b>	Becky Cassidy, Director of Corporate & Legal Affairs	
<b>Report written by:</b>	Tony Mills, COVID – 19 Public Inquiry Officer.	

<b>Action – this paper is for:</b>	Decision/Approval	Assurance	x	Update
<b>Where this report has been discussed previously</b>	The contents of this report have been discussed by the UHL COVID-19 Public Inquiry Group.			

<b>To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which</b>
This report provides assurance against the Trust’s preparations for the upcoming UK public inquiry into the COVID-19 pandemic.

<b>Impact assessment</b>
Preparing for the COVID-19 public inquiry will have resource implications (time) for those staff who were involved in the coordination of planning for, responding to, and recovering from the COVID-19 pandemic.

Acronyms used:

- DNACPR – Do Not Attempt Cardiopulmonary Resuscitation
- DPN – Document Preservation Notice
- EPRR – Emergency Preparedness Resilience and Response
- FFP3 – Full Face Protection
- ICC – Incident Coordination Centre
- LLR – Leicester, Leicestershire & Rutland
- NHSEI – NHS England and NHS Improvement
- PPE – Personal Protective Equipment
- ToR – Terms of Reference
- UHL – University Hospitals of Leicester NHS Trust

## **Purpose of the Report**

To provide the Trust Board an update on developments with the public inquiry, and assurance around the preparations being undertaken ahead of the UK COVID-19 public inquiry.

## **Summary**

The national COVID-19 inquiry officially launched on 21 July 2022, the first two modules are focusing on the UK's preparedness, governance and decision making. The third module will look to investigate the impact of COVID-19 on healthcare systems, including patients, hospitals and other healthcare workers and staff, with the first preliminary hearing scheduled to take place on 28 February 2023.

In preparation for the COVID-19 Inquiry, UHL's COVID-19 Inquiry Group have completed a set of actions to ensure the Trust has an established process to collect and store information, and gather contact details of key personnel involved in the pandemic.

This also includes establishing a process to respond to information requests, the first of which was a voluntary submission which the Trust received on 28 November 2022, and focused on collaborative working, research, innovation and impacts on staff, patients, the healthcare system and the wider community.

In addition, a series of Investigation Reports are being developed to cover the key lines of the enquiry. This will also enable the Trust to complete a comprehensive review of the COVID-19 pandemic, support the identification of meaningful lessons which can be used to prepare for future pandemics and respond to information requests from the National Public Inquiry.

## **Main report detail**

### **PUBLIC INQUIRY TERMS OF REFERENCE**

On 28 June 2022, the UK Government published terms of reference for the public inquiry. This followed consultation with the Public, the Inquiry Chair, Baroness Hallett, and close work with ministers in the devolved administrations. The [terms of reference](#) have been set out to examine:

- The COVID-19 response and the impact of the pandemic in England, Wales, Scotland and Northern Ireland;
- The public health response;
- The response in the health and care sector;
- The economic response; and
- Identify the lessons to be learned, to inform preparations for future pandemics across the UK.

In order to release findings, updates and recommendations in a timely manner, the inquiry is to be organised into separate modules. Of most relevance to the healthcare sector is module 3 which opened on 8 November 2022 and will investigate the impact of the pandemic on healthcare systems, patients, hospitals and other healthcare workers and staff, and this covers:

- The healthcare consequences of the Government and public response;
- The capacity of healthcare services to respond and how this evolved;
- People's experiences of healthcare;
- Healthcare related inequalities.

## **MODULE 3 – NATIONAL COVID-19 INQUIRY VOLUNTARY INFORMATION REQUEST**

On 28 November 2022, the Trust was approached by the UK COVID-19 Public Inquiry to voluntarily submit information around Module 3, to help support the investigation. The key topics raised were:

- The Trust's command, control and communication structure enabled COVID-19 to be responded to proactively at a Strategic, Tactical and Operational level. Issues were highlighted and resolved promptly, and consistently across the organisation;
- The Trust was proactive in its involvement in studies and trials, which supported the development of new clinical treatment and trials (i.e. COVID-19 Medicines Delivery Unit)
- System wide working supported workforce redeployment and the establishment of the COVID-19 vaccine centre promptly;
- Limitations with equipment supplies posed complexities around patient flow and treatment, and timings associated with the release of national guidance and directives added additional challenges to implement these locally.
- Leicester's local lock-down posed challenges and confusion to both the staff and public, due to the differences in legislation being followed for different regions across LLR.

### **UHL COVID-19 PROJECT PLAN**

The EPRR Team developed an initial COVID-19 project plan, which was implemented through the COVID-19 Inquiry Group. This was based off of best practice guidelines from NHS England. To date, the following actions have been completed:

- The Trust's Senior Responsible Officer for the COVID-19 Inquiry is the Director of Corporate & Legal Affairs, Becky Cassidy;
- The Trust has appointed a COVID-19 Inquiry Officer, Tony Mills;
- The Trust established a UHL COVID-19 Inquiry Group which oversees the progress against the Project plan;
- A communication has been issued to all staff to make them aware of the inquiry and an instruction to preserve all documents and records associated with the pandemic;
- A process for responding to requests for information and evidence for the inquiry has been agreed;
- A COVID-19 Staff List has been compiled to collate details of key decision makers involved in the pandemic;
- A process is in place for staff on the COVID-19 Staff List, who leave the Trust, to have their contact details updated;
- A formal Document Preservation Notice (DPN) has been issued to staff on the COVID-19 Staff List. To date, 76% of staff have responded, and plans are in place to progress this in the new year;
- A process is in place for retention of emails of staff on the COVID-19 Staff List that leave the Trust, for future evidence beyond the normal 1 year retention period. However, while the Trust was establishing this process, a total of 20 accounts were lost;

- Copies of all relevant meeting notes and action logs, from cell and group meetings as part of the pandemic response, have been collected centrally, and have been signed off by the corresponding cell chair; and
- A “Master Events List” has been established.

Behind the scenes the Trust continues to develop the COVID-19 Incident Coordination Centre log, which documents and evidences the Trust’s response to key letters and directives received from commissioners and partner agencies during the COVID-19 pandemic.

This supports the development of the COVID-19 Investigation and Debrief Reports, which focuses on the key lines of the national COVID-19 inquiry. To support the development of this, the COVID-19 Public Inquiry Officer is:

- Reviewing existing action logs, minutes and the COVID-19 ICC Log to extract any relevant information;
- Liaising with the patient engagement team to complete patient stakeholder panels, as a means to further understand how the Trust can better improve patient experiences in the future; and
- Having targeted conversations with specific teams / personnel involved in the COVID-19 response.

Further detail around the COVID-19 ICC Log and the scope of the Investigation Reports are available in the annex below.

## ANNEX A - COVID-19 ICC LOG

The COVID-19 ICC Log serves as the single document collating:

- A master events list, capturing key events and decisions;
- A list of all the letters, directives and communications received relating to COVID-19, along with a short summary of their contents;
- A list of all one-time assurance returns, alongside details of all recurring reports and data submissions;
- A list of all UHL Board reports;
- A list of all mutual aid requests (requested & provided).

## ANNEX B - COVID-19 INVESTIGATION REPORTS

To maximise the benefits from the time taken to prepare for the inquiry, the COVID-19 Public Inquiry Officer is developing a series of in-depth investigation reports and debriefs, focusing on the themes and key lines of enquiry as set out in the terms of reference. This work will produce five individual reports, as set out in the table below:

Report Title	Scope
COVID-19: Organising & Informing our Response	Command and control Data and information (including internal & external reporting) Decision making Communications Finance
COVID-19: Keeping our People Safe	Infection Prevention (including social distancing & visiting restrictions) Occupational Health Staff absence COVID-19 Testing (including workforce testing & impact on pathology) Personal Protective Equipment
COVID-19: Supporting our Teams	Procurement & supplies (including PPE & ventilators) IM&T People Services (including supporting staff isolating, shielding or looking after family members) Estates Facilities
COVID-19: Vaccines & Treatments	Vaccines Treatments
COVID-19: The Clinical Outcomes	Capacity (including critical care capacity) Managing demand and flow (including patient discharge to care homes) Delivery of patient care (including the approach to palliative care and the use of do not attempt cardiopulmonary resuscitation decisions) Long COVID Clinical outcomes (including mortality) Impact on performance and waiting lists

All proposed investigation reports will follow the same format and seek to answer at a minimum, the following key questions:

Key Question	Means of Answering
How prepared was the Trust for a pandemic?	Reference to existing plans in place on 01/01/2020
What happened when?	Relevant timeline
What were the requirements?	Details of relevant letters and directives
What was the UHL response?	Assessment of the information Decisions taken Actions delivered
What was the impact of the UHL response?	Impact on relevant stakeholders
What was the lived experience?	Impact on staff
Were there any equality impacts?	Impact on patients Impact of visitors Impact on other stakeholders
How did we do?	What went well? What could have been improved? Lessons identified for future pandemics

Full terms of reference for the above reports were developed during April and July 2022, in consultation with both the UHL COVID-19 Tactical Group and UHL COVID-19 Strategic Group.